

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **09/807504**

FILING DATE

APPLICANT(S)

**1/13/05**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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9						
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11						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	11					
TOTAL CLAIMS	12					

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND	DEP	IND	DEP	IND	DEP
51			1				
52			1				
53			1				
54			1				
55			1				
56			1				
57			1				
58			1				
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60							
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65							
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73							
74							
75							
76			1				
77			1				
78			1				
79			1				
80			1				
81			1				
82			1				
83							
84			1				
85			1				
86			1				
87			1				
88			1				
89		1					
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	2						
TOTAL DEP.	20						
TOTAL CLAIMS	22						